

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-021785

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 211

FILED JUL 9 1962

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		c. CITY OR TOWN Rural-Grant Tmp.	
Length of stay in lb 1 da		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grimm-Smith Hospital		d. STREET ADDRESS (If outside, give location) Coatsville, Mo.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Pearl Vance Hart			4. DATE OF DEATH Month Day Year July 5, 62		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-14-81	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min. 2 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor of Medicine		10b. KIND OF BUSINESS OR INDUSTRY Putnam Co. Mo.		11. BIRTHPLACE (City and state or country) Grant Tmp. USA	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Benjamin F. Hart		13b. MOTHER'S MAIDEN NAME Arthelia Fredrick	
14. NAME OF HUSBAND OR WIFE Manie Hart		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mamie Hart, Coatsville, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senility		INTERVAL BETWEEN ONSET AND DEATH 72 hrs 5	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [REDACTED]		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) [REDACTED]	
20c. TIME OF INJURY Hour a.m. p.m. [REDACTED]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) [REDACTED]	20f. CITY, TOWN, OR LOCATION Kirkville, Mo.
21. I attended the deceased from 2.12.52 to 7.5.62 and last saw him alive on 7.5.62 Death occurred at 3:27 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Nelson T. [REDACTED] MA	
22b. ADDRESS Kirkville, Mo.		22c. DATE SIGNED 7.5.62	
23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 7-7-62	23c. NAME OF CEMETERY OR CREMATORY Mt. Hermon Cem.	23d. LOCATION (City, town, or county) (State) Putnam Co. Mo.
24. FUNERAL DIRECTOR F.O. Husted & Son-Unionville, Mo.		25. DATE RECD. BY LOCAL REG. July 5, 1962	
26. REGISTRAR'S SIGNATURE [REDACTED]		27. REGISTRAR'S SIGNATURE [REDACTED]	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Permit issued July 5, 1962

MILTON T. ENGLISH, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Murphy

Licensed Embalmer No. 3304

P. O. Address Missouri, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.